

**CHILD SEXUAL ABUSE AND EXPLOITATION  
PREVENTION BOARD**

**APPLICATION FOR CHILD SEXUAL ABUSE  
MEDICAL EXAMINATION FUNDING ASSISTANCE  
FY 2009-2010**

Child Victims' Trust Fund



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#### **SUMMARY OF IMPORTANT DATES**

<b>Grant Applications Available</b>	<b>January 09, 2009</b>
<b>Applications Due to the Board</b>	<b>February 27, 2009</b>
<b>Announcement of Awards</b>	<b>April 2009</b>
<b>Funding Period</b>	<b>July 2009 - June 2010</b>

GRANTEES ARE STRONGLY ENCOURAGED TO READ THE ENTIRE APPLICATION CAREFULLY BEFORE COMPLETING AND SUBMITTING THIS APPLICATION.

THE CHILD SEXUAL ABUSE AND EXPLOITATION PREVENTION BOARD (THE BOARD) RESERVES THE RIGHT TO DEEM INELIGIBLE ANY APPLICATION THAT IS INCOMPLETE OR DOES NOT FOLLOW INSTRUCTIONS.

THE BOARD RESERVES THE RIGHT, AT ITS SOLE DISCRETION, TO REJECT ANY AND ALL GRANT APPLICATIONS OR TO CANCEL THE AVAILABILITY OF FUNDING IN ITS ENTIRETY, IF NO FUNDS ARE AVAILABLE, EITHER THROUGH AN ENACTED BUDGET OR A LEGAL SPENDING PLAN.

## **CSAEP BOARD**

### **CHILD SEXUAL ABUSE MEDICAL REIMBURSEMENT PROGRAM**

#### **APPLICATION FOR CHILD SEXUAL ABUSE MEDICAL EXAMINATION FUNDING ASSISTANCE**

**FY 2009-2010**

#### **OBJECTIVE**

The Kentucky Child Sexual Abuse and Exploitation Prevention Board (the Board), the "Grantor," funded through the Child Victims Trust Fund (CVTF), in accordance with KRS 15.935, seeks to contribute to the protection of children of the Commonwealth from sexual abuse by providing financial support for case management activities associated with the performance of medical examinations of those children believed to be victims of such abuse. The Board has determined that the most effective use of its limited resources is administration of the Child Sexual Abuse Medical Reimbursement Program (the CSAMR Program) to provide financial support to Grantees whose primary purpose is the protection of these children, and whose organization is designed to achieve that end.

The Board will contract with eligible Grantees who meet the conditions of the CSAMR Program "to fund the cost of medical examinations of victims of suspected child sexual abuse to the extent the fee for an examination is a service not eligible to be paid for by Medicaid or private insurance." KRS 15.935(1)(b). Specifically, funds are available to support only the cost of case management aspects of the medical exam including, but not limited to, such activities as scheduling the medical examination with a physician, responding to individuals and agencies having a legitimate role in the case, assessing the patient's service needs, medical billing, and preparing and maintaining case records.

Based on surveys regarding the cost of child sexual abuse examinations and the sources of payment, the Board has determined that a reasonable average cost for case management is \$75 per examination. Eligible Grantees may apply for funding at \$75 per medical examination and provide the Board with a Best Faith Estimate of the total estimated number of examinations per fiscal year. Reimbursement awards from the Board are limited by the amount of appropriated funding for the fiscal year, the total number of grants made available by the Board for the fiscal year and the total estimated number of examinations requested by all Grantees.

## ELIGIBILITY

1. An eligible provider, the “Grantee,” is an incorporated non-profit agency whose primary purpose is to provide prevention, intervention and treatment services to sexually abused children (or both physically and sexually abused children) and their families, within a child-focused multidisciplinary team approach.
2. The Grantee must demonstrate capability of providing medical examinations for children alleged to have been sexually abused. Examinations either must be conducted on-site or the agency must provide a structured referral mechanism for examinations conducted off-site.
3. The Grantee must be enrolled with the Cabinet for Health and Family Services as a specialized children’s services clinic and must be the CHFS designated children’s advocacy center for that region.
4. The Grantee must establish a need for financial assistance, i.e. that these case management activities will be performed. Pursuant to 40 KAR 6:020, the CSAMR grant must be used to “supplement and not replace existing funds” received from other current state or federal funding sources for child sexual abuse medical examinations.
5. The CSAMR contract may be renewed annually depending upon the availability of appropriated funds to the Board for this purpose and the willingness of both parties to continue the program. In addition, the following conditions will be considered for each Grantee’s application: successful performance of the grant requirements by the Grantee throughout the period of the previous contract, the demonstration of need for financial assistance in the next fiscal year, and the demonstrated ability to perform the required activities during the subsequent program period.
6. Examinations, conducted pursuant to the terms of the CSAMR contract, are eligible for case management fees if the victim is a resident of Kentucky or the incident occurred in Kentucky. Only one case management fee may be claimed per child per sexual abuse incident.

## TERMS OF THE PROGRAM

1. The Grantee agrees to provide case management services relating to child sexual abuse medical examinations.
2. The Grantee shall demonstrate proof of its non-profit 501(c)(3) or public status through a letter establishing the Grantee's Internal Revenue Service tax designation.
3. Every Grantee shall be responsible for maintaining accurate, current financial and program records and reporting on the use of Board monies. Two program reports are required: the monthly invoice form and the final yearly report form. Grant recipients may be required to submit additional reports as deemed appropriate by the Board or its staff. **Failure to submit the proper reports within the stipulated timeframe may result in the forfeiture of remaining grant funds, where applicable, and shall be a factor in the consideration of future applications.**
  - a. A monthly invoice is due no later than close of business on the fifteenth day of the following month. The Executive Director of the Grantee Agency must sign the monthly invoice certifying the number of examinations performed during each month and the accuracy of the request for reimbursement. The monthly invoice must provide information for each child served including the child's date of birth, gender, county of residence; the name of the medical personnel performing or assisting with the examination; whether the examination was conducted on-site or off-site of the Grantee agency; and the Grantee assigned case number. **If no medical examinations were performed by the Grantee during an individual month, the Grantee must still submit a monthly invoice reflecting this information.** Any monthly invoices submitted **after close of business July 31, 2010 shall not be eligible for payment.**

The Board and its staff will perform random selected searches on the medical examination case information provided on the monthly invoice by Grantees to verify that the information provided is accurate. **By submitting the FY 2009-2010 Application for Child Sexual Abuse Medical Examination Funding Assistance, all Grantees agree and understand that each Grantee Agency may be subject to a random search of medical examination case information relating to administration of the CSAMR Program.**
  - b. A final report is due by **close of business July 31, 2010.** The final report shall reflect: the total number of child sexual abuse medical examinations performed by the Grantee, the total dollar amount of reimbursement received from the Board, and the case information contained in the Grantee's monthly invoices throughout the fiscal year.
4. Each Grantee shall comply with all statutory and administrative requirements of KRS 15.900 to 15.935, 920 KAR 2:040, 907 KAR 3:160, KRS 314.011(14), and KRS 314.142 relating to child sexual abuse medical examinations and specialized children's services clinics. The Board reserves the right to deem ineligible any application from a Grantee that is not in full compliance with all applicable Kentucky Revised Statutes or Kentucky Administrative Regulations. **Additionally, any grantee who fails to comply with the terms of the agreement as well as all statutory and regulatory mandates, will be subject to the forfeiture of CSAMR grant funds and will not be eligible for CSAMR medical reimbursement funding for the two years following such non-compliance.**

5. For purposes of the FY 2009-2010 Application for Child Sexual Abuse Medical Examination Funding Assistance, the following definitions apply:
- a. A “physician” means an individual who holds a doctor of medicine or a doctor of osteopathy and is licensed to practice medicine in the Commonwealth of Kentucky by the Kentucky Medical Association pursuant to KRS 311.550.
  - b. A “Sexual Assault Nurse Examiner” (SANE) means “a registered nurse who has completed the required education and clinical experience and maintains a current credential from the board as provided under KRS 314.142 to conduct forensic examinations of victims of sexual offenses under the medical protocol issued by the State Medical Examiner pursuant to KRS 216B.400(4).”
  - c. A “nurse” means a person who holds a Baccalaureate or Associate degree in Nursing and is licensed as an “Advanced Registered Nurse Practitioner” (ARNP), “Registered Nurse” (RN), or a “Licensed Practical Nurse” (LPN) in the Commonwealth of Kentucky by the Board of Nursing pursuant to KRS 314.011.
  - d. A “medical assistant” means an individual who holds a minimum one-year postsecondary Certificate or Diploma in Medical Assisting, or a two-year postsecondary Associate in Applied Science Degree in Medical Assisting from an accredited college, community college or technical college.
  - e. An “unlicensed nursing personnel” means an individual who is engaging in “the performance of delegated nursing acts” under the supervision of a physician, a SANE or a nurse pursuant to KRS 314.011(13). Unlicensed nursing personnel must be trained on delegated nursing acts, as well as supervised at all times, by the physician, SANE or nurse.
  - f. A “child sexual abuse medical examination” means an examination to determine child sexual abuse which includes a medical history taken from the child and a nonimplicated parent, guardian or primary caretaker; a physical examination with detailed attention to the anogenital area; a colposcopic examination (if clinically indicated); and a mental health screening provided within 24 hours or if paid through Medicaid, on the same day and at the same location as the physical examination.
6. Pursuant to 920 KAR 2:040, a child sexual abuse medical examination may only be performed by a licensed physician or a Sexual Assault Nurse Examiner (SANE), if the child is fourteen (14) years of age or older. *See 920 KAR 2:040, Section 8 (a) and (b); See also 907 KAR 3:160, KRS 314.011(14), KRS 314.142.* Persons who may assist with performance of child sexual abuse medical examinations are as follows: a licensed ARNP, RN, or LPN; a medical assistant; or unlicensed nursing personnel acting under the supervision of a licensed physician, SANE or nurse. **Due to the sensitive nature of child sexual abuse cases and issues of confidentiality, any failure to comply with 920 KAR 2:040, 907 KAR 3:160, KRS 314.011(14) or KRS 314.142, relating to persons authorized to perform medical examinations, may result in the forfeiture of remaining CSAMR grant funds, where applicable, and shall be a factor in the consideration of future applications.**
7. As a grantee, the Grantee Agency is responsible for updating the CSAMR Program Administrator of any personnel changes during the given contract period for which the Grantee participates as a regional designated Children’s Advocacy Center.

The Executive Director of the Grantee Agency must verify that any new personnel (ARNP, RN, LPN, medical assistant or unlicensed nursing personnel) involved in the performance of child sexual abuse medical examinations review a video-recorded Board-sponsored training on topics related to forensic child sexual abuse medical examinations. The training packet and required verification form may be obtained by contacting the CSAMR Program Administrator.

8. Each physician must agree to attend a minimum of four (4) hours of continuing education units biennially on topics related to forensic medical examinations in child sexual abuse cases and provide training certificates, or proof of attendance, to the Grantee. The Executive Director of the Grantee Agency is responsible for retaining on-site documentation which reflects compliance with this training requirement.

**Upon the termination of an existing contract or upon entering a new agreement or employment with any individual who will be performing or assisting with the performance of the CSAMR Program, the Grantee shall notify the Board in writing and mail the Board copies of all required documentation for any new Grantee staff member(s),** as required by the CSAMR contract. Failure to provide notice to the Board within 30 days of the termination of a contract, or upon entry into a new contract, may result in forfeiture of remaining CSAMR grant funds or the current fiscal year and shall be a factor in consideration of future grant applications.

With respect to any physician, SANE, ARNP, RN, LPN, medical assistant, or unlicensed nursing personnel employed or contracted by the Grantee Agency, the Board must be provided the following documentation:

- ☐ For each physician or SANE, the Grantee must provide the Board:
  - Proof of active licensure by the Kentucky Medical Association or Board of Nursing, as applicable;
  - Any current certificates of attendance at continuing education course on child sexual abuse forensic medical examinations, if applicable; and
  - A written Contract for Services, or Memorandum of Understanding, between the physician or SANE and Grantee, regardless of whether of payment is exchanged for performance of child sexual abuse medical examinations.
- ☐ For each ARNP, RN, or LPN, the Grantee must provide the Board:
  - Proof of active licensure by the Kentucky Board of Nursing; and
  - Any current certificates of attendance at continuing education course on child sexual abuse forensic medical examinations, if applicable.
- ☐ For each medical assistant, the Grantee must provide the Board:
  - Proof of a certificate, diploma or Associate Degree an accredited college, community college or technical college.
- ☐ For each unlicensed nursing personnel, the Grantee must provide the Board:
  - The signed Physician's Agreement as part of the Application for Child Sexual Abuse Medical Examination Funding Assistance where the physician or nurse agrees to supervise any unlicensed nursing personnel.

**All persons involved in the performance of child sexual abuse medical examinations must sign the Board's CSAMR Program annual confidentiality form.**

**All documentation is subject to review and shall be maintained by the Grantee on-site for the annual site review.**



9. Each person performing, or assisting with, child sexual abuse medical examinations on behalf of the Grantee must sign the Application for Child Sexual Abuse Medical Examination Funding Assistance and agree to testify, if required by the Grantee, regarding any medical findings or procedures related to his or her participation in any child sexual abuse medical examinations performed on such victims of child sexual abuse. **The Grantee's eligibility for the CSAMR Program is contingent upon agreement and compliance with this requirement by all medical personnel participating in child sexual abuse medical examinations on behalf of the Grantee.**
10. The Grantee shall provide the Board with a copy of the organization's annual independent audit which verifies the total grant amount received from the Board as well as other state and federal grants in the corresponding fiscal year. The audit shall include a schedule of all grant activity showing beginning receivables, revenues, open and ending receivables. The Grantee shall ensure that no conflicts of interest exist and the independent audit is prepared annually by a licensed independent accounting agency, or individual, which is not associated or affiliated with the Grantee in any manner. Under the requirements of the CSAMR grant, it is not sufficient for Grantee's Executive Director or a member of Grantee staff to perform the internal audit submitted to the Board. If an independent audit with a schedule of grant activity is unavailable, the applicant will notify the Board and will provide the Grantee's final internal budget report verifying the total CSAMR grant amount, as well as all other state and federal grants received by the Grantee, for the corresponding or previous fiscal year, as requested by the Board.
11. The Grantee shall maintain on-site the results of criminal background checks from the Kentucky State Police (KSP) or Administrative Office of the Courts (AOC), pursuant to KRS 17.160 & KRS 17.165, for each person with access to or participating in the administration of the CSAMR Program, including physicians, nurses, medical assistants, unlicensed nursing personnel and Grantee staff. Grantees must provide verification that the required background checks were completed and submit the Background Verification Form that will be provided with the contract if the grant is awarded.

The results of the background checks must be **no older than two years**. Upon hiring any new medical personnel or staff for the CSAMR Program, the Grantee shall send the Board verification of the KSP or AOC criminal background check. In addition, the Grantee shall update all criminal background checks for current Grantee and CSAMR program staff biennially.

The Grantee should also include Central Registry Check (CA/N) background checks—which are administered by the Cabinet for Health and Family Services. See 920 KAR 2:040 Section 3(2)(e).

Applicants shall report any background check returned with anything other than minor traffic offenses to the CSAMR Program Administrator for further review. The applicant agency shall report any abuse, neglect or exploitation substantiation or criminal charge that is brought to its attention during the funding period. **Failure to comply with this contract requirement may result in the forfeiture of remaining grant funds, where applicable, and shall be a factor in the consideration of future applications.**

12. **The Grantee shall maintain a copy of the Grantee's completed FY 2009-2010 Application for Child Sexual Abuse Medical Examination Funding Assistance on-site.**

13. The Grantee shall provide the Board a report of the Grantee's total cost per child sexual abuse medical examination, including the cost of physicians' fees, agency overhead, case management activities, labs, medical staffing, etc. Proof of the total cost per exam for the CSAMR Program should be submitted through the most recent final Medicaid Cost Report or an itemized budget report.
14. The Grantee shall provide the Board a copy of the agency staffing chart or personnel diagram. In addition, the Grantee shall provide a list of its current Board members, including each Board member's qualifications and community affiliations.

The Grantee shall provide a job description and qualifications of each position involved in the administration of the CSAMR Program that contains a substantive change from job descriptions and qualifications previously submitted to the Board. The Grantee shall maintain copies of all job descriptions of each person involved in the administration of the CSAMR Program on site for purposes of the Board annual site review.

### FUNDING SCHEDULE

CSAMR grants are awarded once each fiscal year. Medical examinations must be completed during the 12-month funding period from July 1, 2009 through June 30, 2010. Grantees will be awarded a maximum amount of eligible funding for the fiscal year and will provide monthly invoices for reimbursement based on the number of medical examinations actually performed by the Grantee. *The CSAMR shall provide payment based upon the availability of funds. If no funds are available, either through an enacted budget or a legal spending plan, this agreement is null and void.*

### ANNUAL ON-SITE REVIEWS

Grantees are subject to annual on-site reviews. Following the review, if applicable, the CSAMR Grant Administrator will send a letter of non-compliance to the Grantee noting any contract requirements or deficiencies discovered during the review. The Grantee must address any deficiencies within a timeframe of 30 working days, as established by Board policy. ***Failure to acknowledge and address deficiencies within the stipulated timeframe may result in the forfeiture of remaining grant funds, where applicable, and shall be a factor in the consideration of future applications. It should be noted that the annual on-site review is for administrative and compliance purposes. It is not a financial audit and should not be construed as such.***

### APPLICATION DEADLINE

The Application for Child Sexual Abuse Medical Examination Funding Assistance will be disseminated January 09, 2009, and completed applications are **due February 27, 2009**. The notification of awards will be made in April 2009, and awards to successful applicants will be available beginning on July 1, 2009. The CSAEP Board assumes no responsibility for the timely delivery of applications or for incomplete applications. All applications must be **received no later than close of business February 27, 2009, 4:30 p.m., Eastern Standard Time** by the CSAEP Board, c/o Office of the Attorney General, Office of Victims Advocacy. Applications and/or attachments received after the deadline will not be accepted.

## APPLICATION SUBMISSION

Submit one original of the entire application with all required attachments and four (4) copies of the complete application with all required attachments. Each copy must be paper clipped or separated by colored paper. DO NOT BIND OR STAPLE the application. ***Submissions that do not contain the required number of attachments or copies will be considered incomplete and will NOT be eligible for further review.*** All forms, required documentation and signatures must be completed at the time of submission. All applications must be mailed to the CSAMR Program Administrator and received no later than February 27, 2009 to be eligible for review. Board staff will not accept E-mailed or faxed applications. Submit the application documents to:

**CSAEP Board**  
**c/o Office of the Attorney General/ Office of Victims Advocacy**  
**1024 Capital Center Drive, Suite 200**  
**Frankfort, Kentucky 40601-8204**

## GENERAL INSTRUCTIONS

All applicants must follow these instructions in preparing the Application for Child Sexual Abuse Medical Examination Funding Assistance. ***The Board reserves the right to deem ineligible for further review any application that does not adhere to the instructions contained in this document.***

- Please answer all questions and complete the application by typing the information requested in the spaces provided on the application. The Board recommends that all Grantees enter the data in electronic form, which allows as much space as needed for each question, and then print off the application to obtain all necessary signatures prior to mailing the final application. Handwritten applications will not be accepted by the Board. If the Grantee requires any special accommodations, please contact the Office of Victims Advocacy at 502-696-5312 for assistance.
- All sections of the application must be completed as requested. Alternate versions will **NOT** be considered.
- All answers should be *typed* in standard Times New Roman or Arial font no smaller than 11-point size. No deviations, including all caps, all bold, all italics, etc, will be accepted.
- All *Required Attachments*– including confidentiality forms, Grantee agency brochures, etc – may be submitted in their original format and must be paper-clipped together.

**APPLICATION FOR CHILD SEXUAL ABUSE  
MEDICAL EXAMINATION FUNDING ASSISTANCE  
FY 2009-2010**

Child Victims' Trust Fund



***APPLICATION***

*INSTRUCTIONS: Please type the information as requested. Handwritten applications will not be accepted.*

### **AGENCY DATA SHEET**

NAME OF GRANTEE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

FEDERAL EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

NAME OF EXECUTIVE DIRECTOR: \_\_\_\_\_

NAME OF MEDICAL PROGRAM CONTACT (if different): \_\_\_\_\_

E-MAIL ADDRESS FOR MEDICAL PROGRAM CONTACT: \_\_\_\_\_

WEBSITE ADDRESS FOR GRANTEE (if applicable): \_\_\_\_\_

COUNTIES WITHIN GRANTEE'S REGION: \_\_\_\_\_

COUNTIES ACTUALLY SERVED BY THE GRANTEE: \_\_\_\_\_

COUNTIES IN THE GRANTEE'S REGION NOT SERVED BY MEDICAL EXAMINATIONS:

\_\_\_\_\_

WHAT IS THE LAST YEAR THE GRANTEE RECEIVED CSAMR PROGRAM FUNDING? (if applicable):

\_\_\_\_\_

## **NARRATIVE DESCRIPTION OF GRANTEE'S ADMINISTRATION OF THE CSAMR PROGRAM**

**Please provide a narrative describing the Grantee's administration of the CSAMR Program.**

In order to be eligible for review, the narrative must include all of the following information. If additional space is needed, Grantees may insert additional pages:

- a. Names of all Grantee staff members involved in the administration of case management services for the CSAMR Program;
- b. Names of physicians, SANEs, nurses, medical assistants, or unlicensed nursing personnel involved in performance of child sexual abuse medical examinations;
- c. List any counties in the Grantee's region which are not served by medical examinations because a physician(s) will not travel or testify in these counties;
- d. List all sources of referral for medical examinations (E.g. police, social workers, etc.);
- e. Describe Grantee's method of scheduling child sexual abuse medical examinations;
- f. Describe all case management tasks performed by Grantee staff which qualify for CSAMR reimbursement (medical coordinator salary, medical supplies, service referrals, medical billing, etc);
- g. Describe Grantee's accounting system for CSAMR reimbursements;
- h. List all other state and federal grants received by the Grantee;
- i. Describe Grantee's method for tracking a case through the court system once a child sexual abuse medical examination is performed;
- j. Describe Grantee's method for preventing duplication of services or billing in child sexual abuse medical examinations<sup>1</sup>; and
- k. Describe your method of handling emergency referrals.

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<sup>1</sup> The CSAMR Program will provide a case management reimbursement fee for ONE child sex abuse medical examination per child per case/incident. All examinations must be conducted by medical personnel contracted or employed by the Grantee to be eligible for case management fee reimbursement. Medical personnel performing the examination must have signed all of the required CSAMR documents.

## PUBLIC RELATIONS REQUIREMENT

The Child Victims' Trust Fund receives its revenues from the state income tax refund check-off, a small portion of the purchase and renewal price for the "I Care About Kids" license plate, and private donations. To insure the continuing generation of funds, it is imperative that all Grantees develop and implement a Public Relations Plan to promote CVTF revenue programs in every county throughout the Grantee's service region. Collaboration with local media, other community groups or community agencies is required in the development of this plan. Please describe the CVTF Public Relations Plan on a separate sheet of 8 ½ x 11 paper and include the Plan as an attachment to the Application for Child Sexual Abuse Medical Examination Funding Assistance. Every Grantee must, at a minimum, complete the following requirements.

1. **Promotion of CVTF Logo, income tax refund check-off and the "I Care About Kids" License Plate in community locations and government agencies.** The Grantee must select two or more locations from the following list of "Target Locations" and post information regarding the CVTF revenue programs at these locations. The Grantee may also choose to advertise the CVTF programs from the list of "Other Locations." If the Grantee wishes to publicize the CVTF in a location not listed below, please contact the CSAMR Program Administrator for prior approval.
  - a. **Target Locations**
    - County Clerk's Offices and Division of Motor Vehicles offices
    - Courthouses, including, but not limited to, Family, Circuit and District Courts
    - Police Departments
    - Pediatrician offices, childcare centers
    - Libraries, Community Centers, youth clubs, e.g. YMCA or Boys & Girls Club
    - Health Departments/free clinics
  - b. **Other Locations**
    - Semi-professional sports teams, i.e. Lexington Legends, Louisville Bats
    - Children's clothing stores and large shopping malls
    - Tax preparation firms
  - c. **Promotion Verification Form.** Grantees shall use the Promotion Verification Form, which will be mailed to all Grantees with the CSAMR Grant Award Letter, when promoting the CVTF revenue programs. The Grantee must have an appropriate representative from each posting site sign a Promotion Verification Form verifying publication of the CVTF revenue programs at this location. The signed Promotion Verification Form must be maintained on-site for the annual CSAMR site review. **The Grantee must submit a short summary describing the progress of the Public Relations Plan, along with the signed Promotion Verification Form, to the CSAMR Program Administrator no later than January 31, 2010.**

2. **The Grantee shall display the CVTF logo and statement crediting CVTF funding on all published Grantee materials.** The CVTF logo must be included on all of the Grantee's printed materials referencing a CVTF program, such as brochures or agency websites. In addition to the CVTF logo, all materials discussing the Grantee's CSAMR Program shall include the following statement: "*Child sexual abuse medical examinations are made available, in part, by a grant from the Child Sexual Abuse and Exploitation Prevention Board and the Child Victims' Trust Fund.*" An electronic copy or a printed label depicting the CVTF logo and funding statement may be obtained from the CVTF staff and placed on existing brochures.



**REQUIREMENTS FOR MEDICAL PERSONNEL PERFORMING OR  
ASSISTING WITH CHILD SEXUAL ABUSE MEDICAL EXAMINATIONS**

**PHYSICIAN'S AGREEMENT**

In order for the Grantee to receive funding for the Child Sexual Abuse Medical Reimbursement Program, each physician performing child sexual abuse medical examinations on behalf of the Grantee must agree and comply with the following terms and conditions for the duration of the Fiscal Year 2009-2010 contract.

1. I certify that I am licensed to practice medicine in the Commonwealth of Kentucky and I agree to provide and maintain proof of my active Kentucky Medical Association licensure on-file with the Grantee.
2. I understand that I must attend a minimum of 4 hours of continuing education training biennially on topics related to forensic medical examinations in child sexual abuse cases in order to perform medical examinations on behalf of the Grantee. I agree to provide any training certificates, or proof of attendance, from the required course to the Grantee.
3. Upon receiving reasonable notice from the prosecuting entity, I agree to testify regarding any medical findings or procedures from any child sexual abuse medical examinations I perform on behalf of the Grantee. I understand that my refusal to testify in any county courthouse or in any case where I performed a child sexual abuse medical examination may result in the forfeiture of the Grantee's remaining CSAMR grant funds, where applicable, and may be a factor in the consideration of future applications.
4. If applicable, I agree to supervise at all times any unlicensed nursing personnel assisting me with delegated nursing acts while I perform child sexual abuse medical examinations.

**Physician**

By signing this application, I understand and agree to comply with all of the terms specified above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_

**Physician**

By signing this application, I understand and agree to comply with all of the terms specified above.

---

Signature

Date

Printed Name: \_\_\_\_\_

**Physician**

By signing this application, I understand and agree to comply with all of the terms specified above.

---

Signature

Date

Printed Name: \_\_\_\_\_

**Physician**

By signing this application, I understand and agree to comply with all of the terms specified above.

---

Signature

Date

Printed Name: \_\_\_\_\_

**Physician**

By signing this application, I understand and agree to comply with all of the terms specified above.

---

Signature

Date

Printed Name: \_\_\_\_\_

## NURSE'S AGREEMENT

In order for the Grantee to receive funding for the Child Sexual Abuse Medical Reimbursement Program, each SANE performing, or ARNP, RN or LPN assisting with, child sexual abuse medical examinations on behalf of the Grantee must agree and comply with the following terms and conditions for the duration of the Fiscal Year 2009-2010 contract.

1. I certify that I am licensed by the Board of Nursing for the Commonwealth of Kentucky and I agree to provide and maintain proof of my active Board of Nursing licensure on-file with the Grantee.
2. I agree to review a video-recorded CSAEP Board-sponsored training during Fiscal Year 2009-2010 (if not completed in FY 2008-2009) on topics related to forensic child sexual abuse medical examinations. I understand the Executive Director of the Grantee Agency will verify that I have reviewed the video-recorded training and that my failure to comply with this CSAMR contract requirement within the stipulated timeframe may result in the forfeiture of the Grantee's remaining grant funds, where applicable, and shall be a factor in the consideration of future applications. I agree to provide the Grantee copies of my training certificates, or proof of attendance, if applicable, at any additional continuing education courses related to forensic medical examinations in child sexual abuse cases.
3. Upon receiving reasonable notice from the prosecuting entity, I agree to testify regarding any medical findings or procedures related to my participation as an assistant to the licensed physician or SANE in any child sexual abuse medical examinations performed on behalf of the Grantee. I understand that my refusal to testify in any county courthouse or in any case where I assisted with a child sexual abuse medical examination may result in the forfeiture of the Grantee's remaining CSAMR grant funds, where applicable, and may be a factor in the consideration of future applications.
4. If applicable, I agree to supervise at all times any unlicensed nursing personnel assisting me with delegated nursing acts during the performance of child sexual abuse medical examinations.

### Nurse

By signing this application, I understand and agree to comply with all of the terms specified above.

\_\_\_\_\_  
Signature Date

Printed Name: \_\_\_\_\_

### Nurse

By signing this application, I understand and agree to comply with all of the terms specified above.

\_\_\_\_\_  
Signature Date

Printed Name: \_\_\_\_\_

## MEDICAL ASSISTANT'S AGREEMENT

In order for the Grantee to receive funding for the Child Sexual Abuse Medical Reimbursement Program, each medical assistant assisting with child sexual abuse medical examinations on behalf of the Grantee must agree and comply with the following terms and conditions for the duration of the Fiscal Year 2009-2010 contract.

1. I certify that I have completed a minimum of a one-year postsecondary Certificate or Diploma in Medical Assisting, or a two year postsecondary Associate in Applied Science Degree in Medical Assisting from an accredited college, community college or technical college. I agree to provide and maintain proof of this certificate, diploma or degree on file with the Grantee.
2. I agree to review a video-recorded Board-sponsored training during Fiscal Year 2009-2010 (if not completed in 2008-2009) on topics related to forensic child sexual abuse medical examinations. I understand the Executive Director of the Grantee Agency will verify that I have reviewed the video-recorded training and that my failure to comply with this CSAMR contract requirement within the stipulated timeframe may result in the forfeiture of the Grantee's remaining grant funds, where applicable, and shall be a factor in the consideration of future applications. I agree to provide the Grantee copies of my training certificates, or proof of attendance, if applicable, at any additional continuing education courses related to forensic medical examinations in child sexual abuse cases.
3. If required by the Grantee, or upon receiving reasonable notice from the prosecuting entity, I agree to testify regarding any medical findings or procedures related to my participation as an assistant to the licensed physician or SANE in any child sexual abuse medical examinations performed on behalf of the Grantee. I understand that my refusal to testify in any county courthouse or in any case where I assisted with a child sexual abuse medical examination may result in the forfeiture of the Grantee's remaining CSAMR grant funds, where applicable, and may be a factor in the consideration of future applications.

### Medical Assistant

By signing this application, I understand and agree to comply with all of the terms specified above.

\_\_\_\_\_  
Signature Date

Printed Name: \_\_\_\_\_

### Medical Assistant

By signing this application, I understand and agree to comply with all of the terms specified above.

\_\_\_\_\_  
Signature Date

Printed Name: \_\_\_\_\_

## UNLICENSED NURSING PERSONNEL'S AGREEMENT

In order for the Grantee to receive funding for the Child Sexual Abuse Medical Reimbursement Program, each unlicensed nursing personnel assisting under the supervision of a licensed physician, SANE, or nurse with child sexual abuse medical examinations on behalf of the Grantee must agree and comply with the following terms and conditions for the duration of the Fiscal Year 2009-2010 contract.

1. I certify that I have been trained on delegated nursing acts by a licensed physician, SANE or nurse and I agree to be supervised by such person at all times during the performance of child sexual abuse medical examinations.
2. I agree to review a video-recorded CSAEP Board-sponsored training during Fiscal Year 2009-2010 (if not completed in 2008-2009) on topics related to forensic child sexual abuse medical examinations. I understand the Executive Director of the Grantee Agency will verify that I have reviewed the video-recorded training and that my failure to comply with this CSAMR contract requirement within the stipulated timeframe may result in the forfeiture of the Grantee's remaining grant funds, where applicable, and shall be a factor in the consideration of future applications. I agree to provide the Grantee copies of my training certificates, or proof of attendance, if applicable, at any additional continuing education courses related to forensic medical examinations in child sexual abuse cases.
3. If required by the Grantee, or upon receiving reasonable notice from the prosecuting entity, I agree to testify regarding any medical findings or procedures related to my performance of delegated nursing acts under the supervision of the licensed physician, SANE or nurse in any child sexual abuse medical examinations performed on behalf of the Grantee. I understand that my refusal to testify in any county courthouse or in any case where I assisted with a child sexual abuse medical examination may result in the forfeiture of the Grantee's remaining CSAMR grant funds, where applicable, and may be a factor in the consideration of future applications.

### Unlicensed Nursing Personnel

By signing this application, I understand and agree to comply with all of the terms specified above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_

### Unlicensed Nursing Personnel

By signing this application, I understand and agree to comply with all of the terms specified above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_

## FINANCIAL ASSISTANCE DATA

Please complete the following questions and check all that apply.

1. Is the Grantee a tax exempt public or non-profit 501(c) (3) entity? Yes\_\_\_\_ No \_\_\_\_

If yes, please attach a copy of the Grantee's Tax Determination letter from the Internal Revenue Service.

2. Does the Grantee have any:

(a) outstanding liens, debts or court judgments? Yes\_\_\_\_ No \_\_\_\_

(b) back-payments owed to the Internal Revenue Service or the Kentucky Department of Revenue? Yes\_\_\_\_ No \_\_\_\_

(c) current or previous civil actions pending on behalf of or against the Grantee?  
Yes\_\_\_\_ No \_\_\_\_

(d) If the Grantee answered Yes to any of these questions, please provide an explanation.  
(Please attach additional pages if necessary.)

3. Does the Grantee contract with a licensed, independent accounting agency, or individual, which is not associated or affiliated with the Grantee in any manner, to provide financial accounting services for CSAMR funds and any other state and federal grants received by the Grantee?<sup>2</sup>  
Please provide the name and contact information for the independent agency or accountant.

4. Please provide the number of medical examinations performed by physicians under contract with your agency in **FY 2008-2009** (to date).

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<sup>2</sup> Please note: it is not sufficient for Grantee's Executive Director or Staff to perform internal audits or prepare taxes. The Grantee shall ensure no conflicts of interest exist in preparation of independent financial reports.

5. Please provide the Grantee's Best Faith Estimate of the number of child sexual abuse medical examinations to be performed in **FY 2009-2010**.
- (a) Total Number of Examinations Anticipated \_\_\_\_\_
- (b) Total Dollar Amount of CSAMR Reimbursement Anticipated \$ \_\_\_\_\_
6. If there is a discrepancy between the number of examinations actually performed in FY 2008-2009 and the number of examinations requested for FY 2009-2010, please provide a justification for the anticipated increase or decrease in activity of the Grantee's CSAMR program.

## STATEMENT OF COOPERATION AND ASSURANCES

The Grantee represented by the undersigned, hereby states and assures the following:

1. I have read and understand the Child Sexual Abuse and Exploitation Prevention Board Child Sexual Abuse Medical Reimbursement Program, Application for Child Sexual Abuse Medical Examination Funding Assistance, including the Objective, Eligibility and Terms of the Program. I understand and agree to all the Terms of the Program and agree to administer the CSAMR Program in a manner consistent with the CSAMR Program requirements.
2. The Grantee agency and I will comply with all state regulations, policies, guidelines and requirements related to the use, application and acceptance, and reporting of state funds for this state-assisted program. I further assure that the Grantee agency will provide full access to agency documentation, records and other pertinent information as deemed necessary by the CSAEP Board or its staff, or the Finance and Administration Cabinet, the Auditor of Public Accounts, or the Legislative Research Commission, as required by KRS 61.878(1)(c), to complete the monitoring process.
3. The Grantee agency and I are both in compliance with all policies and regulations of our governing Board, all state and federal laws and the grant requirements of any additional state or federal grants received by the Grantee agency.
4. The Grantee agency does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services, and provides, upon request, reasonable accommodation necessary to afford individuals with disabilities an equal opportunity to participate in all programs and activities.
5. The Grantee agency will ensure AOC or KSP criminal background checks (**no older than two years**) are completed before initiation of the CSAMR program. The background checks are required for each person with access to or participating in the administration of the CSAMR Program. The Background Verification Form will be provided with the contract if the grant is awarded. Applicants shall report any background check returned with anything other than minor traffic offenses to the CSAMR Program Administrator for further review. The applicant agency shall report any abuse, neglect or exploitation substantiation or criminal charge that is brought to its attention during the funding period. **Failure to report may result in the discontinuation of funding.**
6. I understand that failure to fully complete the Application for Child Sexual Abuse Medical Examination Funding Assistance, including: obtaining all signatures of persons involved in the administration of the CSAMR Program; attaching all required attachments; and all Public Relations Requirements **may deem the Grantee's application ineligible for funding.**



7. I understand that failure to submit the correct number of copies (original plus four copies are required) of the application and attachments and failure to comply with the filing deadline **shall deem the Grantee's application incomplete and ineligible for further review by the CSAEP Board.**

*The information contained in this application for funding is, to the best of my knowledge and ability, true and accurate.*

Signature of Person Responsible for CSAMR Program Administration

Date \_\_\_\_\_

Printed Name:

Address:

Signature of Grantee Agency Executive Director or Board Chair

Date \_\_\_\_\_

Printed Name:

Address:

## REQUIRED ATTACHMENTS

**Please submit the following attachments along with the Child Sexual Abuse Medical Reimbursement Program Application for Child Sexual Abuse Medical Examination Funding Assistance.** Please place a check mark beside all attachments included with the Grantee's Application.

- ☐ Proof of 501(c)(3) or other non-profit/public status (i.e. IRS determination);
- ☐ CV/ Resume of Agency Executive Director (See 920 KAR 2:040); Job descriptions and current CV(s)/Resume(s) for each person who will be working in the child sexual abuse medical reimbursement program (See 920 KAR 2:040);
- ☐ List of Current Board Members, including qualifications and community affiliations (920 KAR 2:040);
- ☐ Agency Staffing Chart or Personnel Diagram;
- ☐ For **each** physician or SANE, the Grantee must provide:
  - Proof of active licensure by the Kentucky Medical Association or Board of Nursing, as applicable;
  - Any current certificates of attendance at continuing education course on child sexual abuse forensic medical examinations, if applicable;
  - A signed copy of the CSAEP Board annual confidentiality agreement; and
  - A written Contract for Services, or Memorandum of Understanding, between the physician or SANE and Grantee, regardless of whether of payment is exchanged for performance of child sexual abuse medical examinations.
- ☐ For **each** ARNP, RN, or LPN, the Grantee must provide:
  - Proof of active licensure by the Kentucky Board of Nursing;
  - Any current certificates of attendance at continuing education course on child sexual abuse forensic medical examinations, if applicable;
  - A signed copy of the CSAEP Board annual confidentiality agreement.
- ☐ For **each** medical assistant, the Grantee must provide:
  - Proof of a certificate, diploma or Associate Degree an accredited college, community college or technical college; and
  - A signed copy of the CSAEP Board annual confidentiality agreement.
- ☐ For **each** unlicensed nursing personnel, the Grantee must provide:
  - A signed copy of the CSAEP Board annual confidentiality agreement
  - The signed Physician's Agreement as part of the Application for Child Sexual Abuse Medical Examination Funding Assistance where the physician or nurse agrees to supervise any unlicensed nursing personnel.
- ☐ Medicaid Cost Report from the recent fiscal year, or a budget report, itemizing the Grantee's total cost per child sexual abuse medical exam in administering the CSAMR Program.
- ☐ One original of the entire application with all required attachments and four (4) copies of the complete application with all required attachments.